



## SAN BENITO COUNTY AGENDA ITEM TRANSMITTAL FORM

Dom Zanger  
District No. 1

Kollin Kosmicki  
District No. 2

Mindy Sotelo  
District No. 3  
Vice-Chair

Angela Curro  
District No. 4  
Chair

Bea Gonzales  
District No. 5

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**Item Number: 1.13**

**MEETING DATE:** 06/18/2024

**DEPARTMENT:** BEHAVIORAL HEALTH

**AGENDA ITEM PREPARER:** Noelle Magner-Figueroa

**DEPT HEAD/DIRECTOR:** Dana Edgull

**SUBJECT:**

**BEHAVIORAL HEALTH DEPARTMENT - D. EDGULL**

To approve and authorize the Board Chair to sign the no cost Participation Agreement with California Mental Health Services Authority for the Peer Support Specialist Certification Program, effective upon execution and ongoing until mutually terminated.

SBC FILE NUMBER: 810

**AGENDA SECTION:**

CONSENT AGENDA

**BACKGROUND/SUMMARY:**

In alignment with Senate Bill 803, the Department of Health Care Services (DHCS) established statewide requirements for the development of Medi-Cal certification programs of peer support specialists. California Mental Health Services Authority, CalMHSA, strives to maximize statewide or regional resources to best support the standardization of processes to improve efficiencies and remove unnecessary duplicity to support county efforts in their delivery of mental health and substance use services.

CalMHSA will implement a Medi-Cal Peer Support Specialist Certification program on behalf of interested counties. The Participation Agreement is to formally establish a partnership to implement this benefit on behalf of San Benito County.

The program is responsive to the needs of California's population under the Medi-Cal Specialty Mental Health and Drug Medi-Cal Organized Delivery Systems in accordance with DHCS Behavioral Health Information Notice 21-041.

**RESOLUTION OR ORDINANCE NEEDED FOR THIS ITEM:**

No

**CONTRACT NEEDED FOR THIS ITEM:**

Yes

**LAST CONTRACT AMOUNT OR N/A:**

N/A

**STATE IF THIS IS A NEW CONTRACT/ HOW MANY PAST AMENDED CONTRACTS/ OR N/A:**

This is a new agreement.

**STRATEGIC PLAN GOALS: 1. Operational Development & Excellence**

No

**STRATEGIC PLAN GOALS: 2. Planning And Sustainable Growth**

No

**STRATEGIC PLAN GOALS: 3. Technology**

No

**STRATEGIC PLAN GOALS: 4. Community Engagement**

Yes

**STRATEGIC PLAN GOALS: 5. Health & Safe Community**

Yes

**BUDGETED:**

N/A

**BUDGET ADJUSTMENT NEEDED:**

N/A

**SOURCE OF FUNDING:**

N/A

**UNFUNDED MANDATE:**

N/A

**SBC BUDGET LINE ITEM NUMBER:**

N/A

**CURRENT FY COST:**

N/A

**STAFF RECOMMENDATION:**

1. To approve the no cost Participation Agreement with California Mental Health Services Authority for the Peer Support Specialist Certification Program, effective upon execution and ongoing until mutually terminated.
2. Authorize the Board Chair to sign said agreement.

**BOARD ACTION RESULTS:**

1. Approved the agreement per staff recommendation. (5/0 vote)
2. Authorized the Board Chair to sign per staff recommendation. (5/0 vote)

**ATTACHMENTS:**

[Peer Support Program Agreement](#)

[Fully Executed Peer Support Program Agreement](#)